

Connect America Phase II Challenge Process Form
OMB Control Number 3060-1188
FCC Form 505

Filing Entity: Northland Cable Properties Eight Limited Partnership

FRN (if applicable): 0001-5736-90

Name of Person Filling Out Form: Paul Milan Vice President and General Counsel

Mailing Address of Person Filling Out Form: 101 Stewart Street, Seattle WA 98101

Email Address of Person Filling Out Form: paul@northlandco.com

Phone Number of Person Filling Out Form: (206) 621-1351

Name of Person Certifying Data within Form: Richard J. Dyste, Chief Technical Officer

Mailing Address of Person Certifying Data within Form: 101 Stewart Street, Seattle WA 98101

Email Address of Person Certifying Data within Form: jack@northlandco.com

Phone Number of Person Certifying Data within Form: (206) 621-1351

Name of Person Certifying Data within Form: Paul Milan Vice President and General Counsel

Mailing Address of Person Certifying Data within Form: 101 Stewart Street, Seattle WA 98101

Email Address of Person Certifying Data within Form: paul@northlandco.com

Phone Number of Person Certifying Data within Form: (206) 621-1351

Unserved to Served Challenge

Census Block 15 Digit FIPS Code	State	Name of Entity Providing Service	FRN used to File Form 477 (if challenge being filed by the service provider)	Insert an X if you certify that this census block is served by unsubsidized broadband and voice services meeting the Commission's performance and pricing criteria.	Type of Supporting Evidence	Additional Comments	Control Number 3060-1188
011070503002013	AL	Northland Cable Properties Eight Limited Partnership	0001-5736-90	X	Written Statement of Chief Technical Officer, Vice President and General Counsel, Customer Invoice.		
131079703002015	GA	Northland Cable Properties Eight Limited Partnership	0001-5736-90	X	Written Statement of Chief Technical Officer, Vice President and General Counsel, Customer Invoice.		

Certifications and Additional Information

OMB Control Number 3060-1188

Accuracy and Due Diligence Certification

All Filers Must Fill Out

By initialing below, I certify that all statements contained in the attached form are true and accurate to the best of my knowledge, and that I have undertaken due diligence to obtain knowledge regarding these claims.

Certifier's Initials: PM

Date: 8/14/2014

Notice of Challenge Certification

(Served to Unserved and Unserved to Served Challengers Fill Out One of the Following Blocks - Respondents Do Not Fill Out)

Service of Notice Successful

By initialing below, I certify that notice of this challenge has been served on all interested parties.

Certifier's Initials: PM

Date: 8/14/2014

Service of Notice Unsuccessful

By initialing below I certify that, following a good faith effort, I was unable to serve notice of this challenge on all interested parties due to lack of information regarding the address of such parties.

Name of Party/Parties
that Could Not Be

Served:

Certifier's Initials:

Date:

The certifications on this page are subject to the penalties for false statements under 18 U.S.C. 1001.